

# MAYOR'S OFFICE COORDINATORS REPORT

26/21

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 662 Event Name: Downtown Street Eats

Event Date: March 15 - December 31, 2019

Street Closure: None

Organization Name: Downtown Detroit Partnership

Street Address: 1 Campus Martius Suite 380 Detroit, MI 48226

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input checked="" type="checkbox"/> Other: <u>2019 Parks Program</u>	
<input type="checkbox"/> <b>24-Hour Liquor License</b>			

#### Petition Communications (include date/time)

Annual Food Truck program located in Cadillac Square, Beacon Park, Esplanade, Capitol Park, Grand Circus Park and Spirit Plaza; from 11:00am - 2:00pm with flexible scheduling for events.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections of Food Trucks
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

ENTERED FEB 21 2019 BB | WEEK-2/c-l(210)

2019 FEB 21 2019

ENTERED FEB 28 2019

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Fischer

Date: February 7, 2019

**City of Detroit**  
**OFFICE OF THE CITY CLERK**

**Janice M. Winfrey**  
*City Clerk*

**Caven West**  
*Deputy City Clerk/Chief of Staff*

## **DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, February 01, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE     DPW - CITY ENGINEERING DIVISION  
BUSINESS LICENSE CENTER     POLICE DEPARTMENT  
FIRE DEPARTMENT     BUILDINGS SAFETY ENGINEERING

**662**     *Downtown Detroit Partnership, request to hold the "Downtown Street Eats Food Truck Program" on 3/15/19- 12/31/19, Monday - Friday 11am - 2pm all locations, Flexible scheduleing for events, weekends and evening hours, Set-up and complete tear down daily.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: DOWNTOWN STREET EATS FOOD TRUCK PROGRAM

Event Location: DOWNTOWN PARKS AND PUBLIC SPACES MANAGED BY DDP

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DOWNTOWN DETROIT PARTNERSHIP

Organization Mailing Address: 1 CAMPUS MARTIUS, SUITE 380

Business Phone: 313-715-9944

Business Website: DOWNTOWNDETROITPARKS.COM

Applicant Name: HEATHER BADRAK

Business Phone: 313-715-9944

Cell Phone: 313-715-9944

Email: HBADRAK@DETROIT300.ORG

**Event On-Site Contact Person:**

Name: NDIDIKA VERNON

Business Phone: 313-314-2710

Cell Phone: 313-715-9944

Email: downtownstreeteats@downtowndetroit.org

#### Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Other: <u>2019 Parks Program</u>

**Projected Number of Attendees:** varies daily 100 - 2500

**Please provide a brief description of your event:**

An initiative and program of the Downtown Detroit Partnership that provides food and beverage vending

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date DAILY

Time: VARIES Complete Set-up Date: DAILY

Time: VARIES

Event Start Date: 3/15/19

Time: VARIES Event End Date: 12/31/19

Time: VARIES

Begin Tearing Down Date: DAILY

Complete Tear Down Date: DAILY

Event Times (If more than one day, give times for each day):

Monday - Friday 11a - 2p, all locations, Flexible scheduling for events, weekends and evening hours.

### Section 3- LOCATION/SITE INFORMATION

**Location of Event: CADILLAC SQ, BEACON PARK, SPIRIT PLAZA, ESPLANADE, CAPITOL PARK, GRAND**

Facilities to be used (Check) Street Facility

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

**You will be prompted to upload these attachments upon submitting this form**

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

**KICKOFF OF PROGRAM BEGINS ON MARCH 15 WITH A ST. PATRICK'S DAY THEME**

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

How many generators will be used? \_\_\_\_\_

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

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Address:

Phone:

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City/State/Zip

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## Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

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Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

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Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

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FOOD AND NON-ALCOHOLIC BEVERAGES

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: EAGLE SECURITY

Contact Person: MATT WARNER

Address: 500 GRISWOLD

Phone: 734-306-4871

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City/State/Zip:

DETROIT, MI 48226

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Number of Private Security Personnel Hired Per Shift:

VARIABLES BY LOCATION

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Are the private security personnel (check all that apply):

Licensed  Armed  Bonded

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How will you advise attendees of parking options?

WEBSITE SHOWS DOWNTOWN PARKING OPTIONS

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Downtown Street Eats continues to attract new and mainstay food trucks and local restaurant pop-ups to provide an increasing variety of quick food options for residents, employees and tourists

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:  
DDP's Small Business initiatives and regularly occurring BIZ connect

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of company providing port-a-johns.**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of private catering company?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



01/22/2019

SIGNED BY: HEATHER BADRAK  
Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

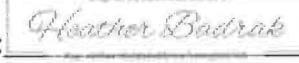
## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

**Event Name:** DOWNTOWN STREET EATS **Event**  
**Date:** 3/15/19 - 12/31/19

**Event Organizer:**  
DOWNTOWN DETROIT PARTNERSHIP

**Applicant Signature:**   
**Date:** 01/22/2019 **SIGNED BY:** HEATHER BADRAK